



ISDH Hospital Service Report
State Form 49476 (R /7-02)
IC 16-21-6

Status: Finalized

I. Hospital Information

Hospital Name: ST. VINCENT WILLIAMSPORT HOSPITAL

Provider #: 151307

City: Williamsport

County: Warren

Year: 2013

Person Completing the Report: Sunday Spong

Email Address: sbspong@stvincent.org

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: ☒ Acute License ☐ LTC Certification

Private Accreditation: ☒ JCAHO ☐ HFAP

CMS Specialized Hosp: ☒ CAH ☐ TLC ☐ Rehab

DRG Exempt: ☐ Psych ☐ Rehab ☐ Swing Bed

Number of Total Hospital Full Time Equivalents 179.69

II. Hospital Service Utilization

Hospital Service Description	Number of Set-up Beds	Number of Discharges	Number of Patient Days	Annual Total Charges
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Medical/Surgical	0	0	0	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	16	679	2113	\$9,409,087
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	0	0	0	\$0
Pediatric	0	0	0	\$0

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Bed Program	NA	115	925	\$376,296
Extended Care	0	0	0	\$0
Observation Beds	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	16	794	3038	NA

III. Nursing Facility Utilization

	Number of Licensed Beds	Number of Discharges	Number of Patient Days
Nursing Facility	0	0	0

IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

Diagnostic Categories	Number of Encounters	Diagnostic Categories	Number of Encounters
Infectious Disease	383	HIV	0
Neoplasms	455	Endocrine	2691
Diseases of Blood	848	Mental Disorders	205
Nervous	1002	Circulatory	3613
Respiratory	1792	Digestive Diseases	730
Genitourinary	2117	Pregnancy	152
Skin	789	Musculoskeletal	3050
Congenital	28	Perinatal	18
All Injuries	2633		
Other/Known	14591	Total Encounters	35097

Total ED Visits	ED Injury Visits	ED Injury Admissions
9934	2553	56

Comments

